



John Flynn <JFlynn@afphq.org> on 10/05/2010 06:02:28 PM

To: "'2022190174@fec.gov'" <2022190174@fec.gov>
cc:

Subject: FEC Form

Attached please find FEC Form 9 filed on behalf of Americans for Prosperity.

Sincerely,

John Flynn
Executive Vice President and General Counsel
Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
(703) 224-3200 office
(703) 224-3201 facsimile
jflynn@afphq.org
www.AmericansForProsperity.org



FEC Form 9 - 10-5-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Americans for Prosperity
(b) Address (number and street) ☐ check if different than previously reported
2111 Wilson Blvd, Suite 350
(c) City, State and ZIP Code Arlington, VA 22201
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number

C

3. Is This Statement

☒ New
or
☐ Amended

4. Covering Period

10 04 2010
through
10 05 2010

5. (a) Date of Public Distribution(s) 10 04 2010 (b) Communication Title "MC Bus Stop Richfield 10.3.10"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Steve Mullins
(b) Address (number and street) 2111 Wilson Blvd, Suite 350
(c) City, State and ZIP Code Arlington, VA 22201
(d) Name of Employer or Principal Place of Business Americans for Prosperity (e) Occupation CFO

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

17 811 00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE

John Flynn

DATE

10/5/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Tim Phillips		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	Americans for Prosperity	(e) Occupation	President
B.	(a) Name	John Flynn		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	Americans for Prosperity	(e) Occupation	Secretary/Treasurer
C.	(a) Name	Steve Mullins		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	Americans for Prosperity	(e) Occupation	CEO
D.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
E.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		

SCHEDULE 9-A
Donation(s) Received

PAGE **3** OF **7**

<p>A. Full Name of Donor <u>N/A</u></p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>B. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>C. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>D. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>E. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>SUBTOTAL of Donations This Page (optional) ► <u>0</u></p> <hr/> <p>TOTAL This Period (last page this line number only) ►</p> <p>(carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 7

A. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10'05'2010</u>	
Mailing Address of Payee <u>P.O. Box 666</u>				Amount <u>750.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>		Communication Date <u>10'04'2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Spot "NIC Bus Stop Chairesville 10.3.10"</u>					
Name of Federal Candidate <u>Zack Space</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate <u>Charlie Wilson</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>		Date of Disbursement or Obligation <u>10'05'2010</u>			
Mailing Address of Payee <u>P.O. Box 666</u>		Amount <u>1,800.00</u>			
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>		Communication Date <u>10'04'2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Spot "NIC Bus Stop Canton + Louisville 10.4.10"</u>					
Name of Federal Candidate <u>John Boccieri</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<u>2,550.00</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				_____	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **5** OF **7**

A. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10 05 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>3,990.00</u>	
City <u>Weston</u>	State <u>MA</u>	Zip Code <u>02493</u>	Communication Date <u>10 04 2010</u>		
Name of Employer <u>N/A</u>					
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Spot "NIC Bus Stop Richfield 10.3.10"</u>					
Name of Federal Candidate <u>Betty Sutton</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>OH</u> District: <u>13</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

B. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10 05 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>1,840.00</u>	
City <u>Weston</u>	State <u>MA</u>	Zip Code <u>02493</u>	Communication Date <u>10 04 2010</u>		
Name of Employer <u>N/A</u>					
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Spot "NIC Bus Stop Dover 10.4.10"</u>					
Name of Federal Candidate <u>Zack Space</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>OH</u> District: <u>18</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<u>5,830.00</u>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	, , ,

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 6 OF 7

A. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10' 05' 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>3,008.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>		Communication Date <u>10' 04' 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Spot "NIC Bus Stop Marysville 10.4.10"</u>					
Name of Federal Candidate <u>Mary Jo Kilroy</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>OH</u> District: <u>15</u>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10' 05' 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>303.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>		Communication Date <u>10' 04' 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Spot "NIC Bus Stop Chillicothe 10.3.10"</u>					
Name of Federal Candidate <u>Zack Space</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>OH</u> District: <u>18</u>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				<u>3,311.00</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				_____	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 7 OF 7

A. Full Name (Last, First, Middle Initial) of Payee <u>Koniolka Media</u>				Date of Disbursement or Obligation <u>10 05 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>420.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>		Communication Date <u>10 04 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Spot "NIC Bus Stop Marietta 10.3.10"</u>					
Name of Federal Candidate <u>Charlie Wilson</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

B. Full Name (Last, First, Middle Initial) of Payee <u>Koniolka Media</u>				Date of Disbursement or Obligation <u>10 05 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>5,700.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>		Communication Date <u>10 05 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of Radio Spot "NIC Bus Stop Cincinnati 10.4.10"</u>					
Name of Federal Candidate <u>Steve Driehaus</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursements/Obligations This Page (optional)	<u>6,120.00</u>
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	<u>17,811.00</u>

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Email</i>	Date of Receipt or Postmarked <i>10/5/2010</i>

PREPARER
(3/2005)

DATE PREPARED